## PALEST APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

10-634262

CLAIMS AS FILED - PART I						0\		SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY		
<u> </u>			(Column	11)	Colu	ımn 2)	١,		1	1 I			
T	OTAL CLAIMS						RATE	FEE	-	RATE	FEE		
F	OR	NUMBER FILED		NUMBER EXTRA			BASIC FEE	385.00	OR	BASIC FEE	770.00		
TO	TOTAL CHARGEABLE CLAIMS			minus 20≈		*		X\$ 9=		OR	X\$18=		
121	DEPENDENT C	minus 3 =		Í	,		X43≈		OR	X86=			
MULTIPLE DEPENDENT CLAIM PRESENT								+145=		OR	+290=	}	
	the difference	"0" in c	olumn 2	ı	TOTAL		OR	TOTAL					
• If the difference in column 1 is less than zero, enter "0" in column 2  CLAIMS AS AMENDED - PART II  (Column 1) (Column 2) (Column 3)								SMALL	ENTITY	OR	OTHER SMALL		
1	1-17-01 101 125/20	(Column 1) CLAIMS REMAINING AFTER		HIGH NUME PREVIO	EST BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONA FEE	
AMENDMENT	Total	AMENDMENT	Minus		20	=		X\$ 9=		OR	X\$18=		
	Independent	. /	Minus	*** <	3	=	] [	X43=		OR	X86=		
₹	FIRST PRESE	NTATION OF M	ULTIPLE DEI	PENDENT	CLAIM		1	+145=		OR	+290=		
							L	TOTAL		-	TOTAL ADDIT: FEE		
								ADDIT. FEE			AUDII. FEE		
		(Column 1)		(Colun		(Column 3)	٦ ٦		ADDI-	1		ADDI-	
117	-	CLAIMS REMAINING AFTER	-	PREVICE PAID	BER DUSLY	PRESENT EXTRA		RATE	TIONAL FEE		RATE.	TIONAL FEE	
AMENDMENT	Total	AMENDMENT	Minus	**	011	=	1 [	X\$ 9=		OR	X\$18=		
ENC	Independent	*	Minus	***		=	1 h	X43=		OR	X86=		
ğ		NTATION OF MU	ULTIPLE DEF	ENDENT	CLAIM		]				+290≈		
								+145=		OR	20711		
		-					Ā	TOTAL DDIT FEE		OR .	ADDIT. FEE		
		(Column 1)		(Colum		(Column 3)							
L L	`	CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO PAID F	BER JUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
WE	Total	*	Minus	**		=	] [	X\$ 9=		OR	X\$18≈		
AMENDMENT	Independent	*	Minus	***		=	]	X43=		OR	X86≃		
Ą	FIRST PRESENTATION OF MULTIPLE DEPENDENT						1  -				+290=		
_					*0* in c=*	umn 3	L	+145=		OR	TOTAL		
**	If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  If the "Highest Number Previously Paid Fur" IN THIS SPACE is less than 20, enter 20.  ADDIT: FEE  ORTHODORY Number Previously Paid For "IN THIS SPACE is less than 3, enter 3.  "If the "Highest Number Previously Paid For "IN THIS SPACE is less than 3, enter 3.  "If the "Highest Number Previously Paid For "IN THIS SPACE is less than 3, enter 3.												
***	If the "Highest Nu The "Highest Nurr	mber Previously Pa ber Previously Pai	aid For" IN THI d For" (Total or	S SPACE IS Independe	nt) is the	highest number	er four	nd in the app	ropriate box	in-col	umn-1	-	

10/10